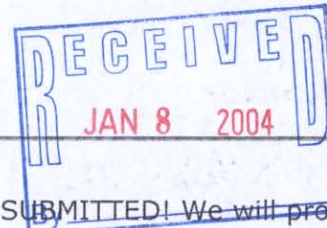


Forms



YOUR FINANCIAL DISCLOSURE FORM WAS SUCCESSFULLY SUBMITTED! We will process it as soon as possible. Please print and save as proof that you filed. No action is required on these pages. In a few days, you will receive from our office a written receipt via mail or inter-office mail.

For the Calendar Year 2003

Check if this is an amendment to your current statement.

Name (Last) Davis	Name (First) Katherine	Name (Middle) Lyon
Spouse's Name (Last) Davis	Name (First) John	Name (Middle) Marshall
Office Address (Street) 200 W Washington #333	Address (City) Indianapolis	Address (Zip) 46204
Office Telephone Number (317) 232-4545	Email Address kdavis@lg.state.in.us	

I am filing this statement as a (check one box) incumbent

Office or Agency Lt. Governor's Office	Job Title Lt. Governor
---	---------------------------

Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." Words in *bold italics* are included in the definitions.

PART 1 - GIFTS (If you have no information to report in this section, put an "X" in this box) No Info		
List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (\$100).		
Name (Last)	Address (City)	Address (Zip)
Name (Last)	Address (City)	Address (Zip)
Name (Last)	Address (City)	Address (Zip)

PART - 2 REAL PROPERTY INTERESTS (If you have no information to report in this section, put an "X" in this box)	
List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more compromising ten per cent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.	
ethics@ethics.state.in.us	
Property and its location 105 acres of wooded, undeveloped land in Wayne Co, KY	
Property and its location	
Property and its location	

PART - 3 Non-State Employers (If you have no information to report in this section, put an "X" in this box) No Info	
List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.	
Your employer	Nature of business
Spouse's employer	Nature of business

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

Name of Your Business	Nature of Business
Name of Spouse's Business	Nature of Spouse's Business

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have no information to report in this section, put an "X" in this box)
No Info

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of Your partnership	Nature of partnership
Name of Spouse's partnership	Nature of Spouse's partnership

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have no information to report in this section, put an "X" in this box) No Info

List the name of any corporation in which you or your spouse is a officer or director and the nature of the corporation's business. Churches need not be listed.

Name of Corporation	Nature of Business
Name of Spouse's Corporation	Nature of Spouse's Business

PART 7 - STOCKHOLDER OF CORPORATION (If you have no information to report in this section, put an "X" in this box) No Info

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

Name of corporation	your's	spouse's	children's
---------------------	--------	----------	------------

PART 8 - MOST RECENT EMPLOYER (If you have no information to report in this section, put an "X" in this box) No Info

List the name and address of your most recent former employer.

Name of your most recent former employer	Address (street, city, ZIP code)
City of Indianapolis	200 E Washington #2222
	Indianapolis
	IN
	46204

AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Katherine L. Davis